State of Kansas - Certificate of Occupancy
Department of Administration, OFPM-DCC

is hereby issued as of this date _____ for

Agency: _____

Agency/Building number: _____

Name of building/location: _____

Agency Point of Contact: _____

Description of construction and square footages: (i.e. new construction/renovation/addition)

Description of Occupancy: (Building/addition)

The areas of the building listed above have been inspected for compliance with the codes
listed for the occupancy and the use for which the project is classified.

Codes: (list codes)

Occupancy/use   Type of Construction:

Automatic sprinkler required	☐ YES ☐ NO		Automatic Sprinkler Provided	☐ YES ☐ NO
Fire Alarm system required	☐ YES ☐ NO		Fire Alarm system provided	☐ YES ☐ NO

Any special stipulations/conditions:

Your Name Here
_____
Construction & Compliance

Agency-Building No.:		Agency and Facility Name:	
Description	**Signature of KSFM / DCC** **Representative (items not applicable noted as NA)**		**Date Accepted**
1. Code Footprint	For:		
2. Fire Alarm Plans / Shop Drawings	For:		
3. Automatic Sprinkler Plans / Shop Drawings	For:		
4. Fire Alarm System installed and tested per NFPA.	For:		
5. Automatic sprinkler system installed and tested per NFPA.	For:		
6. Emergency Lights tested.	For:		
7. Back-up Power (generator, invertor, battery, etc) tested.	For:		
8. Fire Pump tested per NFPA.	For:		
9. Standpipes tested per NFPA.	For:		
10. Exit Paths verified to public way. (Includes exit sign verification and testing.)	For:		
11. Elevator tested.	For:		
12. Accessibility.	For:		